

MANAGEMENT AND MARKETING

THE T MODEL OF APPLYING SOCIAL MARKETING IN HEALTH PROMOTION IN THE REPUBLIC OF MOLDOVA

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ABSTRACT

The present work analyses 8 models of social marketing (1984-2008) that appear in the specialised literature. Because each of them presents important elements, here appeared the necessity of an integrative simplified model. The premises for creating the T Model for the implementation of social marketing in the Republic of Moldova are: the need for behavioural change programs, the limited development of social marketing, low knowledge of health specialists on the concept of social marketing, creative but fragmented use of social campaigns to promote a healthy lifestyle. The T Model can be taken over by other countries where the concept of social marketing is not sufficiently promoted and where public health specialists do not have advanced knowledge in this field. The model is a practical tool, described in terms of: the basic principles, the conceptual scheme and the methodological steps of implementation.

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Introduction. In the literature there are several models of social marketing, the most known being 8 of them, which appeared in the period 1984-2008. The essence of each planning model is presented in Table 1.

Table 1. Social marketing models

| | Social marketing models | Components |
|---|---|---|
| 1 | 2 | 3 |
| 1 | Marketing Process Model Novelli (1984) | 1. Market analysis 2. Planning (selection of communication and distribution channels; selection of materials) 3. Developing, testing and adjusting the elements of the social marketing plan 4. Implementation of the social marketing program 5. Establishing (evaluating) the effectiveness of the social marketing program 6. Feedback to stage 1 for adjusting the social marketing program. |

Continuation of table 1

| 1 | 2 | 3 |
|---|--|---|
| 2 | Program Component Model Lefebvre and Flora (1988) | 1.Consumer orientation 2.Exchange Theory 3.Audience analysis and segmentation 4.Formative research 5.Analysis of communication and distribution channels 6.The marketing mix 7.Monitoring and control of the social marketing process 8.Management of the entire social marketing process |
| 3 | Walsh et al. (1993) | 1. Research & Planning (planning, consumer analysis, market analysis, channel analysis) 2. Strategy Design, Goals and Objectives (development of the mixed marketing strategy, communication) 3. Implementation & evaluation (implementation, evaluation of processes, evaluation of results) |
| 4 | Andreasen (1995) | 1. Background Analysis 2. Marketing Mission 3. Marketing Organisation, Procedures, Benchmarks, & Feedback Mechanisms 4. Pretesting Program Elements 5. Monitoring & Evaluation |
| 5 | SMART Model Neiger & Thackeray (1998) | 1.Preliminary Planning 2. Consumer Analysis 3. Market Analysis 4. Channel Analysis 5. Develop Materials & Pretest 6. Implementation 7.Evaluation |
| 6 | Bryant (1998) | 1. Formative Research 2. Strategy Formation 3. Program Implementation 4. Program Monitoring & Revision 5. Program Evaluation |
| 7 | Weinreich (1999) | 1. Planning 2. Message & Materials Development 3. Pretesting 4. Implementation 5. Evaluation & Feedback |
| 8 | Kotler, Lee (2008) | 1. Current situation, purpose and focus 2. Analysis of the situation 3. The profile of the target audience 4. Marketing goals and objectives 5. Factors influencing behavioural adoption 6. Positioning statement 7. Mixed marketing strategies 8. Planning for monitoring and evaluation 9. The budget 10. Plan for the implementation and management of the campaign |

Source: Adapted after [1, p.25] [2, p.301] [3, p.77] [4, p.195] [5, p.110]

As we can see, each one includes between 3 and 10 components, many of which are common and can be found in several models. For example, the Marketing Process Model presents as a first stage the market analysis, which appears in the form of consumer orientation and the audience analysis and segmentation at Lefebvre and Flora; research and planning at Walsh et al; background analysis at Andreasen; consumer analysis in the SMART Model; formative research at Bryant; and Kotler and Lee divides it between the first three stages (the current situation, the situation analysis and the profile of the target audience). One of the most important components - the marketing mix is expressly mentioned at

Lefebvre and Flora and at Kotler and Lee; at Novelli it appears as the Developing, testing and adjusting the elements of the social marketing plan; Walsh et al included it in the second stage as Strategy Design, Goals and Objectives; Bryant as Strategy Formation. Another step that is found in practically all the models is the evaluation, which shows its importance. The overall use of the elements of the models is more appropriate than the exclusive adoption of one of the presented ones, which determined the need for an integrative, but simplified, model adapted to the specific of the Republic of Moldova. The premises that proved the necessity of the T Model for the implementation of social marketing in the Republic of Moldova are: the need for behavioural change programs, the limited development of social marketing at the national level, low knowledge of health specialists on the concept of social marketing, creative but fragmented use of social campaigns to promote a healthy lifestyle. The T Model can be taken over, adapted and used by other countries where the concept of social marketing is not sufficiently promoted and where public health specialists do not have advanced knowledge in this field.

In the study process of the eight models of social marketing, published between 1984-2008, the analysis, synthesis and comparison were used, based on a logical-deductive reasoning. Following the collection of results, the T Model of social marketing implementation in the Republic of Moldova was built, which was presented schematically for clarity and illustration of the processes, and the actions to be taken were described as steps to be followed. In order to test the model, the simulation was used within a group consisting of 16 master students from the second year of study at the School of Public Health Management of *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova, 14 of whom are specialists in various fields of health, one is a health communicator and one is a legal specialist.

Research Results. The idea of the T Model is to present the actions to be taken in a simplified way, which would be clear for a mixed team of specialists in implementing a behavioural change program regarding health. The model is a practical tool, described in terms of: the basic principles, the conceptual scheme and the methodological steps of implementation (Figure 1).

1. Basic principles

In implementing the T Model for the development of social marketing in the public health field, the following principles must be taken into account:

- The consumer orientation (especially by identifying the behaviour to be influenced) must be present from the design stage of the intervention program to the evaluation.
- Creativity needs to be used in the process of designing and implementing the social marketing program, to create a differentiation from other similar initiatives and to drive consumers to adopt a healthy lifestyle.
- Target group research is required in at least three stages: formative, testing, evaluation. Its role is to effectively carry out the segmentation, elaboration and pre-testing of the intervention materials.

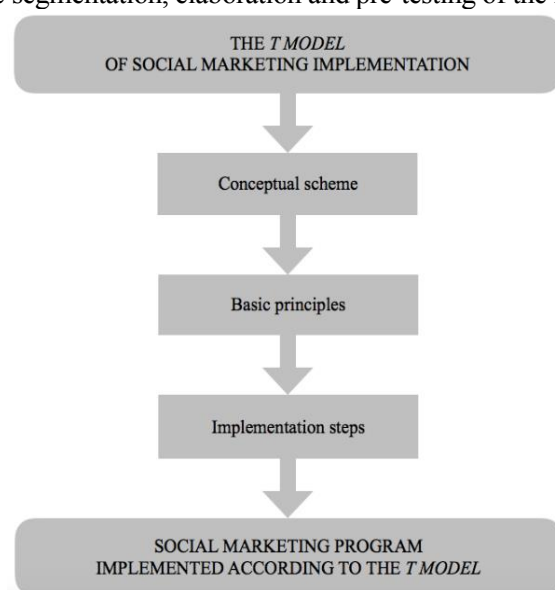


Fig. 1. The T Model of social marketing implementation in public health
Source: Developed by the author

- The exchange theory is the basis of the development of the program, which involves making attractive exchanges for the target audience, taking into account the competition.
- Changes in consumer behaviour are tracked both to bring benefits to the individual and to society as a whole.
- Proper use of the four basic components of the marketing mix, as well as the additional one (product, price, placement, promotion + personnel).
- Proper management of the programs through planning, control, monitoring, implementation and evaluation.

2. Conceptual scheme

In the conceptual scheme of the T Model (Figure 2), the defining activities are represented with points, which do not have a long character, but have a role of defining the direction of actions (setting objectives, segmentation, intermediate research, evaluation) and with dashed lines the process activities, which have a longer character (formative research, development, implementation, final research). The green arrows show the direction of implementation of the processes, and the red arrows - the actions generated by feedback (which may involve resuming activities from the segmentation stage).

The starting point in Model T is the *Goal setting* phase, which will define what health behaviour is to be influenced and what are the outcomes that will be achieved through the program. Consumer orientation must be present throughout the entire program period. The objectives must be measurable and clearly formulated.

The second stage is represented by *Formative research*, which must be carried out before the design of the program (about 3-6 months until the beginning of the program, depending on the case). Secondary research (analysis of existing studies, reports, statistical data etc.) as well as primary studies (focus groups, Delphi technique, observations, surveys etc.) can be used.

The third phase is *Segmentation*, which is achieved after processing the results of preventive research. It is important to consider several segmentation criteria: psychological, demographic, geographical, behavioural and others. Also here is analysed the competition for each segment (both direct and indirect competitors).

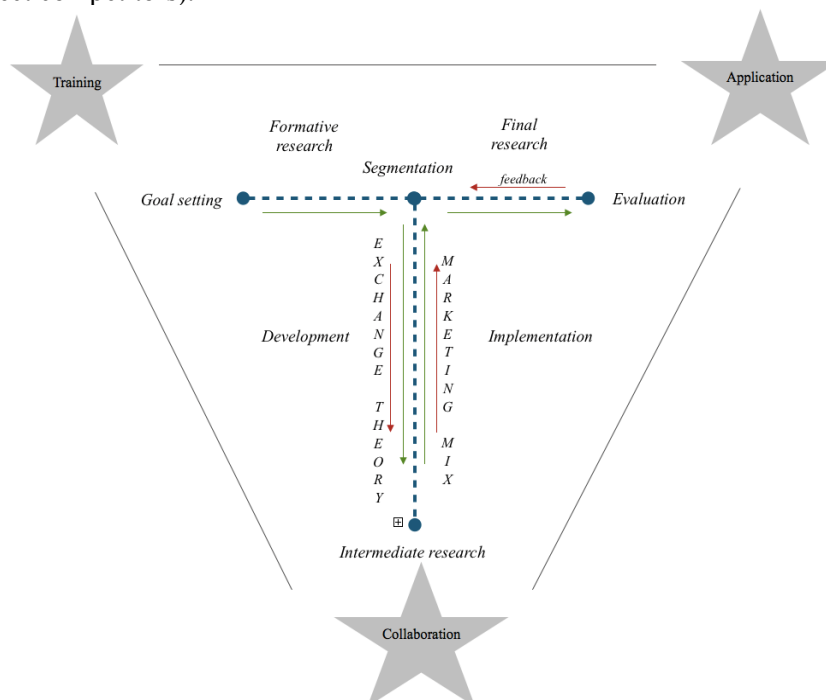


Fig. 2. The conceptual scheme of the T Model

Source: Developed by the author

The development stage of the *Exchange theory* requires a greater concentration of effort and creativity from the program development team. Here, depending on the basic 4P of the marketing mix (Product, Price, Placement, Promotion) and the additional P (Personal) it is established what will be the benefit obtained by the consumer after adopting the behaviour change.

- Personnel - the need for specialists to contribute to the development and implementation of the program (number and profile/specialisation).
- Product - the products/services offered that come to support the behavioural change and the benefits obtained from the adoption of the new health-related behaviour. Depending on the type of the program, all the members of the multidisciplinary team, especially the health professionals, must participate in establishing the product policy.
- Price - the cost that the consumer must bear. It is important to estimate both the financial price (the money that will be paid for medical investigations or other health products/services), the time (how long it takes to perform certain actions that will lead to behavioural change), and the psychological costs (discomfort, extra effort etc.).
- Placement - distribution channels and places where the product offered within the program can be accessed and the promotion messages can reach the audience. If there is a logistics specialist within the team, it must conclude with it at that stage to make the social marketing product as accessible as possible.
- Promotion - in order to build the promotion policy it is necessary to develop an initial branding strategy, and then select the communication channels, formulate the messages and create the promotional materials. Also here we take into account the fact that it is necessary to make a differentiation from the competitors. The promotion policy is elaborated jointly with the communication specialists.

All messages and materials developed up to this stage will be subject to an *Intermediate research* for their testing and validation. It is good to make all the adjustments necessary to achieve maximum efficiency later.

The *Implementation phase* involves carrying out the planned actions according to the 4 P + 1 (Product, Price, Placement, Promotion + Personnel): forming the multidisciplinary team, creating and substantiating the product, ensuring access, reducing the price and cost by highlighting the benefits, developing the brand and promotion through the most suitable methods and channels.

A *final research* is indispensable to evaluate the way in which the behaviour of the target audience was influenced (the most indicated methods are the semi-structured questionnaire and interview, as well as the dynamic analysis of some indicators on population health).

After the program has been fully or partially implemented (for example: one year or one semester) and the final marketing research has been carried out, the *Evaluation* period follows, in which the objectives and the recorded results are compared. Indicators for each activity can be established or a verified tool for evaluating social marketing programs can be used.

An important element in the model is *feedback*, which involves the transmission of information obtained from the target audience through marketing research to the developers of the social marketing program. Following the evaluation of the feedback, the development stage of the program can be resumed on the basis of the exchange theory, followed by the implementation of the mixed marketing strategy.

For the implementation of the T Model, it must be included in the Training-Collaboration-Application triad, which illustrates a systemic vision. Thus, at the initial stage it is necessary to train the actors on social marketing, which should be implemented beginning with the undergraduate studies. Another essential element is the collaboration between specialists from different fields and the formation of mixed teams (which also should include specialists in social marketing, besides those in communication and public health). The application stage involves the implementation at different levels, using a specialised guide.

3. Implementation steps

In the implementation of a social marketing program in the field of public health, the following 15 steps are recommended:

Step 1: Initiation of the program. Even if the implementing institution may be another organisation, the initiative (expressed by disposal, order, etc.) of a social marketing program in the field of health should come from the government, the ministry of profile or a specialised agency, because the impact must be a national one. Having a national social marketing strategy in public health would be an appropriate solution.

Step 2: Team formation. Because the social marketing programs in public health usually cover a large area - the team members must be from different fields: medicine (medical specialists of a certain

specialisation - eg cardiologists, endocrinologists etc.), public health, economics, marketing, communication, psychology, legislation and so on. It is advisable that at least one of the members is a specialist in social marketing or have knowledge in this field, while the others benefit from a brief training.

Stage 3: Organise a creative brainstorming will help strengthen the team and gather ideas for program development. Suggestions from members (specialists in various fields) need to be gathered and analysed in order to be able to structure an implementation plan.

Step 4: Establish an action plan (calendar type, Gantt chart, etc.) by specifying the necessary resources and responsibilities of each actor. Also, for each activity an evaluation indicator can be identified, which must be monitored during the program.

Step 5: Identify strengths, weaknesses, opportunities and threats (SWOT analysis), including potential problems/challenges that may arise.

Step 6: Formulate SMART objectives, an acronym for: Specific, Measurable, Accessible, Relevant And Time-limited. That is, the objectives are explicit and leave no room for interpretation; they can be measured (quantitative, qualitative); are realistic and can be reached with the available resources; will contribute to the achievement of the purpose of the program and refer to a certain period of time.

Stage 7: Formative research must be carried out from both secondary and primary sources in order to obtain a clearer picture of the knowledge, attitudes, preferences, lifestyle of the potential consumers. It is recommended to use a mix of methods: qualitative and quantitative. The results of these researches will subsequently underpin the implementation strategy.

Stage 8: Segmentation will be performed according to several criteria (depending on the case): socio-demographic, geographical, psychographic, behavioural and others. The segments must be distinctive, accessible, and people must be willing to adopt the behaviour change, because social marketing aims at the voluntary influence of the behaviour. For each segment, the competition (direct and indirect) will be defined.

Stage 9: Development of the program according to the 4 P + 1 (Product, Price, Placement, Promotion + Personnel), based on the exchange theory, through which a special emphasis is placed on the benefits obtained by the consumer and diminishes the importance of the price paid. The marketing mix strategy involves finding a perfect combination between the 5 components, without overestimating a certain element, especially promotion.

Step 10: Intermediate research is one of the steps that is most often ignored or omitted by developers. However, in order to save resources and to ensure the success of the project, it is necessary to test all the materials and messages elaborated up to this stage (including those used for promotion).

Stage 11: The implementation involves the development of the programmed activities, but does not exclude making some adjustments, according the case. It is important to respect the deadlines through a total process management.

Step 12: Final research provides basic information for carrying out the evaluation process and to determine if a behaviour change has been recorded.

Step 13: The evaluation would be best to run in parallel - by the implementation team and by an independent team, and then the recorded results will be superimposed and compared. In this way, a subjective formulation of the results will be avoided. The conclusions drawn from the evaluation process will serve as a basis for a potential resumption of actions in the future.

Step 14: Gaining feedback from segments is necessary in order to understand if the actions taken contribute to achieving the goals that were initially set. It should be emphasised that an important source of feedback, besides the final consumers, are the intermediaries (such as specialist doctors who provide a certain health service).

Step 15: Resumption of actions - the feedback received can be used to correct and rectify actions, so the route of program development, according to the T Model, must be resumed from the Segmentation point (the segments and target groups are re-evaluated, after which the actions are adjusted according to the exchange theory). It is not excluded that sometimes the reformulation or adjustment of the program objectives might be necessary, in which case the actions are resumed right from the starting point of the T Model.

While developing the social marketing program in health promotion, it is recommended to complete the Form of the T Model (Figure 3), which will provide an overview of the project and will contribute to the management of the entire process of social marketing implementation.

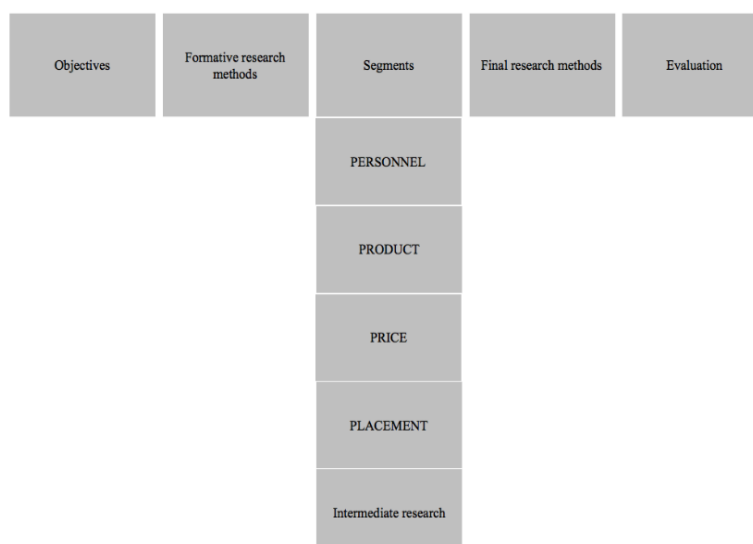


Fig. 3. The form of the T Model of social marketing implementation. Source: Developed by the author

The T Model of social marketing implementation in health promotion in the Republic of Moldova was tested in a simulation exercise with the second year masters from the School of Public Health Management of *Nicolae Testemitanu* SUMPh. By using the basic principles, the conceptual scheme and the implementation steps, the participants (mostly medical specialists) developed a heart health promotion program, aimed at young people aged between 15 and 19 years. In a creative brainstorming they used a Flipchart to build the idea of the social marketing program, and then they used the T Model for structuring it (Figure 4). They also developed a brand concept, which included a logo that illustrates a young and smiling heart on a bicycle, accompanied by the slogan *Put your heart on track!*

As objectives were determined: young people to practice 30 minutes of daily physical activity (walking, sports, games, etc.), to consume 5 fruits and vegetables and to reduce the consumption of fast-food products. For the initial stage, the program developers considered that it was necessary to develop a focus group to determine what counts for the youngsters and what actions could influence their behaviour; to observe the behaviour of young people in schools (in particular regarding food consumption during breaks) and to subsequently conduct their questioning. Regarding segments, at the initial stage the target groups were delimited according to the living areas (rural and urban), given the different behaviour of the young people from the city to the one from the villages, and according to sex (girls or boys). In defining the marketing mix, the necessary palette of specialists (personnel) was initially established, which included: nutritionists, fitness trainers, cardiology specialist, psychologist to help create a connection with young people, teachers (who would be message ambassadors and encourage a healthy lifestyle), volunteers (15-19 year olds promoting peer-to-peer learning) and a social marketer to help manage the entire process of social marketing implementation within the program. The product policy included: training on healthy eating (organised also in the form of fast and healthy cooking courses); a mobile application to guide them in the process of eating and practicing physical activity (eg calories consumed); diversification of the sports lessons to make them more attractive to young people. The price policy identified the direct and indirect costs: physical and psychological discomfort, the time required to practice physical exercises and healthy cooking, financial resources needed for subscriptions (as an alternative for free activities) or at different sports sections, as well as fruit and vegetable procurement (which can sometimes be more expensive than fast food). Here, too, were highlighted the benefits, which will be maximised in relation to costs, namely: obtaining/maintaining slimness (for girls), developing muscle mass (for boys), fitness, offering affirmation possibilities (especially through joint sports activities). The placement policy has insisted more on ensuring access to products, namely: access to fruits and vegetables in schools (and the ban of unhealthy products), sessions of daily gymnastics, proper equipping of sports halls in schools and the playgrounds in the neighbourhoods. Social media was chosen as the main tool for promotion (because of the interest of the young people to the Internet), also radio advertising (high accessibility and audience targeting), installing banners in schools (for taking pictures), distribution of promotional materials with the campaign logo and slogan. At the intermediate research stage, a focus group was planned for testing the campaign materials. After the campaign is implemented according to the established marketing mix and regulated by the intermediate research, the final research follows: questioning, secondary data analysis, observation, in-

depth interviews. In the ending stage the program will be evaluated as a process, the impact and the results will be determined.

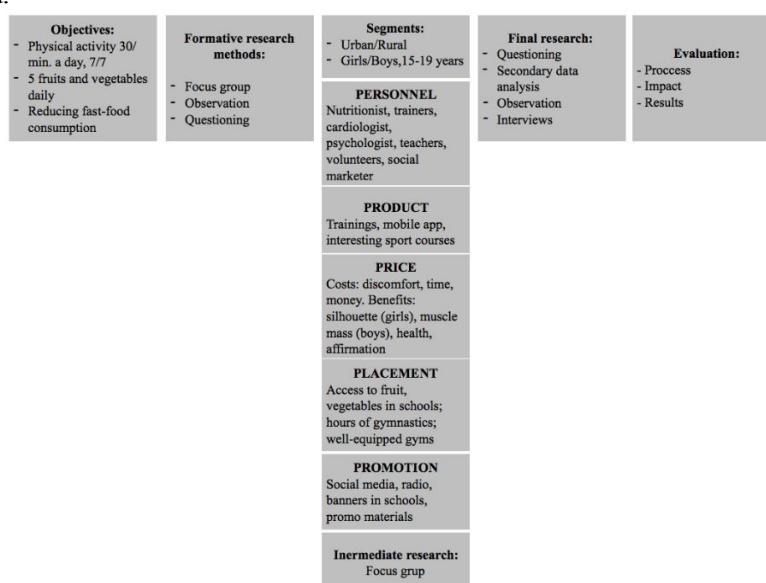


Fig. 4. The form of the T Model completed in the simulation exercise. Source: Developed by the author

In the Figure 4 is presented the completed form during the simulation exercise, that was described above. The feedback offered by the participants during and after the exercise was a very good one, they expressed the usefulness of the model, especially through the representation form and the clearness of the steps to be followed.

Conclusions. In conclusion, it is important to emphasise that the T Model is a simplified tool for applying social marketing in the field of public health, especially on the segment of health promotion. This model integrates the main elements of social marketing and structures them in a well-staged process that allows following the steps to be taken by the team participating in the development of a health promotion program. To be understandable to all team members, regardless of specialisation, the model is described according to: the basic principles, the conceptual scheme and the implementation stages. For the better implementation of the T Model, it must be included in the Training-Collaboration-Application triad, which illustrates a systemic vision that refers to the need to train the actors on social marketing, the cooperation between specialists from different fields and the implementation of programs at different levels (national, local, institutional). The efficiency of the model was tested in a simulation exercise, which demonstrated its consistency and usefulness for being implemented in a real situation, when developing a social marketing program.

At the same time, it is worth mentioning that the T Model can also be used as an additional element of planning (it can be used in combination with other methods used in public health) and conducting social marketing programs, which can be applied by specialists from different fields, without having in-depth marketing knowledge. However, the need to co-opt a specialised marketer in the social field is advisable to contribute to the smooth running of the campaign. At the same time, a long period of action must be taken into account, as behavioural change takes time.

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